

VACCINATION FOLLOW-UP INFORMATION SHEET

IMPORTANT: DO NOT DISCARD THIS FORM. BRING THIS FORM WITH YOU TO YOUR VACCINATION SITE EXAM OR IF YOU SEEK MEDICAL CARE FOR A POSSIBLE REACTION TO VACCINATION.

Please do not throw this sheet away. This sheet will serve as your proof of vaccination until you come back to the clinic for your vaccination site 'take' check and receive your permanent immunization card.

INTERIM PROOF OF VACCINATION:

Name:	Date vaccinated:
Clinic:	Clinic Telephone No.:
APPOINTMENT FOR YOUR REQUIRED VACCINATION 'TAKE' EXAM:	
Date of Appointment:	
Clinic:	Clinic Telephone No.:
IF YOU THINK YOU ARE HAVING A BAD REACTION TO THE VACCINE, CONTACT:	
First Contact:	
Telephone #	After hours #
First Back-up Contact:	
Telephone #	After hours #
Second Back-up Contact:	
Telephone #	After hours #
If you are unable to reach anybody at these teleph Contact your regular health care provider OR Visit the emergency room at	

IN CASE OF AN EMERGENCY, CALL 911 FOR IMMEDIATE ASSISTANCE.

IF YOU HAVE GENERAL QUESTIONS ABOUT VACCINATION OR VACCINE REACTIONS:

Visit the CDC web site at www.cdc.gov/smallpox/smallpox/smallpox/smallpox/smallpox/smallpox/smallpox/smallpox/vaccination/reactions-vacc-public.asp">www.bt.cdc.gov/agent/smallpox/vaccination/reactions-vacc-public.asp; or Call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY).